

## MEMBERS AND ASSOCIATE MEMBER'S DEMOGRAPHIC UPDATE FORM

| NAME:                         |                      | DATE:           |   |
|-------------------------------|----------------------|-----------------|---|
| LAST                          | FIRST                | MI              |   |
| Member Spot #                 |                      |                 |   |
| NEW ADDRESS:                  |                      |                 |   |
| NEW EMAIL ADDRESS:            |                      |                 |   |
| PHONE: Main (Home)            | PHONE:               | Alternate(Cell) | _ |
| Please write in comments or o | other changes below: |                 |   |
|                               |                      |                 |   |
|                               |                      |                 |   |
|                               |                      |                 |   |

MAIL APPLICATION TO: CASPER WATER SKI CLUB P.O. BOX 536 Casper, WY 82602